

Conclusions:—

1. We believe that gynecological operations are often performed without sufficient study. Our operative incidence of 21.82 was made possible by a careful survey of each case.
2. The uterine curet is too frequently and indiscriminately used. In a series of 3,132 cases of abortion we curetted only 127.
3. The outstanding points in the treatment of sepsis are—individualization, nursing, gastro-intestinal hygiene, blood transfusions.
4. Practically all the cases of acute salpingitis (774) left the hospital symptom-free, without operation.
5. When operation for salpingitis is necessary, it is never undertaken until there has been a normal temperature for three weeks, and a normal leukocyte count.
6. A carefully taken history is the greatest aid to accuracy in ectopic diagnosis.
7. The cautery treatment has greatly diminished the necessity for operations on the cervix-uteri.
8. Supracervical hysterectomy is our preference in symptom-producing fibroid cases, though X-ray has a definite but limited field.
9. Radium and X-ray have superseded the knife in the treatment of carcinoma.
10. The chief's constant aim is to direct the service for the greatest good to the patients, associates, interns and students.

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## PRURITUS—CAUSES, EFFECTS AND TREATMENT

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### *Résumé*

Whether we employ the Latin term pruritus or the common English word, itching is merely a symptom and not a disease. This symptom regularly accompanies a number of skin diseases, but we limit the term pruritus to that disturbance in cutaneous sensation in which there is apparently no preceding disease of the skin. We speak then of essential pruritus, which may be

defined as a chronic intermittent sensory neurosis dependent on an abnormal excitation of tactile sense organs apparently not related to any preceding organic change in the skin.

The term thus employed may be merely a cloak to our ignorance. It seems more probable that there are in every case of pruritus, physical or chemical changes in the skin too subtle for our gross methods of examination, except possibly in those rather rare cases in which a circumscribed pruritus is due to a central lesion, to a psychic impression or to a reflex or misplaced reference of sensory irritation in an internal organ. Even in these cases it is possible that the sensory disturbance may depend on motor impulses affecting the circulation or the cutaneous hair-muscles in the affected area. These cases would thus be brought into the larger group of cases in which itching is provoked by mechanical irritation.

Mechanical irritation is a well-known cause of itching. When the skin is gently stroked as with a feather the sensation of tickling after a while passes over into one of itching. This experiment offers an explanation of the itching from a variety of external irritants such as woolen clothing; it affords a clue to the itching from intra-cutaneous irritants such as the contraction of the hair-muscles from sudden exposure to cold or vaso-motor disturbances due to any cause. On the other hand, only very few people itch on removing their clothing, not even when they suffer from "goose-skin." We are forced to the conclusion that there is another factor in the cause of itching, a factor which produces a hyperesthesia of the nerve-ends under which they respond with itching to the various physical stimuli referred to.

In a large group of cases of chronic pruritus we commonly find toxic substances in the blood; *e.g.*, in albuminuria, diabetes, icterus, cancer, leucaemias, chronic intestinal disorders, etc. There is undoubtedly a host of lesser disorders which result in chemical changes of the blood which may be the cause of the cutaneous sensitization. In most itching skin diseases there are local toxic conditions, the result of local infection. In some, like lichen planus, it is suggested that the dense infiltration at the hair-follicles serves as the source of a continual mechanical irritation which provokes itching. The itching of a wound healing by secondary intention under a crust may similarly be explained

as the result of abnormal conditions of pressure and tension caused by the relatively inelastic scab.

The degenerative changes in the skin in old age do not of themselves cause itching. The term senile pruritus is inappropriate. Old age is especially prone to degenerative changes in important organs, kidneys, liver, endocrine glands, etc., and it is the consequences of these visceral disorders, producing chemical changes in the blood, to which the pruritus should be ascribed. Many of the cases of itching described as reflex from disorders of internal organs, uterus, kidneys, bladder, etc., are more probably of toxic origin; but we must admit the occurrence of a localized pruritus due to misplaced reference to the skin of sensory irritation derived from the bladder, kidneys, etc. The unquestionable clinic evidence of such transference of sensations of pain, heat, pressure, etc., due to vesical, prostatic or renal disease to certain definite areas in the skin is sufficient reason for accepting the occurrence of a localized pruritus of similar reflex origin.

Itching at the anus, the perineum and the pudenda is the most common form of circumscribed pruritus. It is in these regions that the opportunities for local infection are most abundant. Friction or scratching following a minor irritation from any cause is almost inevitably followed by local infection. The condition then becomes one of eczema; an uncomplicated pruritus in these regions is never seen. In children pruritus is always associated with urticaria and often prurigo. One of the most frequent consequences of local irritation is the development of patches of hypertrophied skin which constitutes the lichen simplex chronicus of Vidal. The scratching causes hyperaemia and exudation which in turn leads to more itching and more scratching—a vicious circle. The general effects of pruritus are due to the recurrent exhausting nerve storms and the loss of sleep with consequent anaemia, etc.

In the treatment of general pruritus the most thorough clinical examination must be made to discover the cause of the toxic disturbance in the blood. Liver, kidneys, the alimentary tract and the endocrine glands, especially the ovaries, should receive careful attention. The chemistry of the alimentary canal may be favorably influenced by colonic irrigation and implantation or by ingestion of cultures of *B. acidophilus* in large quantities. A

radical change of diet is sometimes of benefit. The mental attitude of the patient toward his itching is of importance; he must be trained. Locally, all sources of irritation must be guarded against. Anti-pruritic lotions and salves are of great help. X-rays and especially ultra-violet often affords prompt relief lasting several days. The secondary effects of itching, eczematization and lichenization, must be treated by appropriate remedies. Sedatives are of little value; narcotics should be absolutely interdicted.

While many cases of general pruritus prove absolutely refractory, many can be cured and all may obtain at least some measure of relief.

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*Abstracts of Papers Delivered at the Stated Meeting of  
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## FRACTURES IN THE AGED

WILLIAM DARRACH

It is important to treat the patient primarily and his fracture secondarily.

After the fifty-fifth year fractures are more common than in earlier age groups; bones are more brittle; X-ray examinations show thinner cortical layer and less lime; muscular system is a less efficient protective agency. Defective vision, slower reaction time, imperfect sense of balance contribute to higher incidence. Injury to soft parts apt to be less than in younger patients. Ecchymosis far greater and lasts longer. Edematous swelling less marked but harder to dissipate. Reduction of displacement generally easier, although comminution is more frequent. Adjacent joints are more likely to become involved. Muscles and tendons also affected more quickly.

Important to remember the double-edged character of therapeutic measures in fractures. Each detail of treatment has its harmful as well as beneficial results.

Local rest, whether partial, intermittent or complete, must be used with caution. General rest, when indicated, must be sparingly used. More careful use of anaesthetics.